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CONFIRMATION NO. 3723

<b>SERIAL NUMBER</b> 10/713,732	<b>FILING OR 371(c) DATE</b> 11/14/2003 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1648	<b>ATTORNEY DOCKET NO.</b> 6923-118
<b>APPLICANTS</b> Peter Palese, Leonia, NJ; Adolfo Garcia-Sastre, New York, NY; Thomas Muster, Vienna, AUSTRIA;				
<b>** CONTINUING DATA *****</b> This application is a CON of 09/332,288 06/11/1999 PAT 6,669,943 which claims benefit of 60/117,683 01/29/1999 and claims benefit of 60/108,832 11/18/1998 and claims benefit of 60/089,103 06/12/1998				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 03/04/2004</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <u>Examiner's Signature</u> <u>Initials</u>		<b>STATE OR COUNTRY</b> NJ	<b>SHEETS DRAWING</b> 3	<b>TOTAL CLAIMS</b> 51
				<b>INDEPENDENT CLAIMS</b> 5
<b>ADDRESS</b> 20583				
<b>TITLE</b> ATTENUATED NEGATIVE STRAND VIRUSES WITH ALTERED INTERFERON ANTAGONIST ACTIVITY FOR USE AS VACCINES AND PHARMACEUTICALS				
<b>FILING FEE RECEIVED</b> 1258	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	